



APPENDIX K

FORMS USED IN DFMS

All financial transactions concluded by authorized personnel of the State will be evidenced by the execution of a form designed for that purpose and recorded in the official accounts and records as prescribed in this manual.

In general, documents originating at the agency level evidencing the execution of the accounts will be forwarded to the Department of Finance, Division of Accounting. Agencies will data enter and correct all errors before sending error-free batches to Division of Accounting for pre-audit review and final approval.

Standard forms designed to denote particular types of financial transactions under normal operating conditions are listed below and will be used by all state agencies authorized to initiate business transactions on behalf of the State government. These forms are as follows:

Short Name	Full Name	Description/Function
AA	Appropriation	Initiated by the Budget Office, it establishes for the State's General Fund and Appropriated Special Funds the appropriated amounts by department code, upon the signing into law of the Budget Act or Supplemental Appropriations by the Governor. However, an AA form need not be completed for the initial entries which are taken from the Budget Act. It is also used to modify and deactivate an appropriation.

Appropriations:

01	Regular appropriations
02	Supplemental appropriations
03	Continuing appropriations
04	Carry-over encumbrances
05-09	Reserved for future use
20	Special Fund - NSF
30	Special Fund - ASF
40	Federal grants
50	Capital/Bond



TA	Request for Transfer	Submitted by an agency to the Budget Office and the Controller General, it requests a transfer of an appropriation or a Special Fund balance from one agency to another agency or from one organizational unit to another organizational unit within an agency and from one line to another line.
EB	Expense Budget	Allows the agencies to further define the primary authorized funds available down to the object code level. Each item listed represents an object of expenditure within the appropriation.
RB	Revenue Budget	Establishes the revenue side of the budget in DFMS. Each line represents the source of revenue expected to be received.
PO	Purchase Order	Establishes an encumbrance against an appropriation. This form is used for both regular and open-order encumbrances. Adjustments to encumbrances to increase or decrease are initiated by the agency on a PO.
EA	Encumbrance Adjustment	The Encumbrance Adjustment (EA) form is the DFMS document which may be used to increase or decrease line amounts on existing encumbrances. If any other coding changes are required, this form cannot be used. The use of this form is optional and is in addition to rather than in place of the modified PO document. More than one PO can be adjusted on an EA document.
PV	Payment Voucher	Initiates the vendor payment process. A PV will not be processed if it would cause total expenditures to exceed the encumbrance. The PV is also used to pay direct claims, as authorized by this policy manual.
PV	Payment Voucher - Personal Expense Reimbursement	Used in lieu of a PV by Personal Expense State employees seeking reimbursement for expenses incurred while performing their duties for the State. Supporting receipts must be provided by the employee before the PE can be processed.
	Coding Continuation Sheet	Provides additional lines for PO/PV documents. Agencies shall not prepare separate Pos/PVs when they are for the same vendor, in the same time frame; the continuation sheet shall be used.
EX	Expenditure Correction	Used to adjust expenditure information, such as object code or appropriation but not the amount, after it has been entered into DFMS. The original information may have been generated by a PV, MW or the Buyer portion of an IV. If the amount is to be adjusted, this must be done as a direct claim through a PV, if there was an underpayment, or as a CR if there was an overpayment.



MW	Manual Warrant	Used when time restrictions do not allow for a DFMS generated check. The Director of the Division of Accounting shall complete the MW and draw a handwritten check which is sent to the State Treasurer for signature. The MW updates DFMS but by-passes the check writing process. The agency for which the MW was completed must issue a PV to support the MW for audit purposes.
CX	Check Cancellation	Used by the Division of Accounting to cancel or void state vendor checks. This form can be used to either rewrite a new check with no entry shown in the agency appropriation account or to reduce the agency appropriation account expenditures by the amount of the canceled check.
IV	Intergovernmental Voucher	Used when the buyer and seller are state agencies. The IV permits transactions between agencies without the issuance of a check, via a PV, and the subsequent execution of a CR and bank deposit.
CR	Report of Cash Receipts	Used to report and record the receipt of revenues and other funds by authorized representatives of the State.
CA	Cash Adjustment	Used to move actual cash from one appropriation to another. May only be used for appropriation types 20, 30 and 40.
FM	Federal Aid Master	Used to enter and modify grant information, both descriptive and budgetary.
FC	Federal Aid Charge	Used to record non-accounting in-kind charges against a grant.
JV	Journal Voucher	Used by the Division of Accounting to record and document accounting events not covered by any other DFMS transaction. The offsetting entries are not generated by DFMS and therefore must be included on the JV.
	Batch Ticket	Used by the agencies as a cover document for a group of documents with the same transaction code. Modifications to existing open documents are to be batched separately.
TR-1A	Request to Open a Bank Account	Used by an agency to obtain the State Treasurer's authorization to open a bank account (i.e. checking, savings).
TR-1B	Request to Close a Bank Account	Used by an agency to obtain the State Treasurer's authorization to close a bank account
TR-1C	Request to Change a Bank Account	Used by an agency to obtain the State Treasurer's authorization to change a bank account.



TR-1D	Authorization to Open Checking Account	Used by an agency to obtain the State Treasurer's authorization to open a PNC checking account or to change signatures on a PNC checking account.
BR-1B	Reporting of Bank Accounts and Other Investments	Used by an agency to report to the State Treasurer the balance of agency bank accounts and investments at fiscal year-end
	Reporting of Inventory	An annual report, by the agencies, to the Secretary of Finance, detailing all property under their control as of the end of the fiscal year, by major category. Federal guidelines will be followed for reportable items. Currently the standard is \$300 and above.
	Equipment Reimbursement Request	Used by agencies to obtain authorization to sell for trade-in or sell excess state-owned property

Copies of these forms are shown on the following pages. In some cases, these are reduced copies of the form.

<p>ACTION CODES</p> <p>E - add a new appropriation</p> <p>M - modify appropriation amounts</p> <p>D - deactivate an appropriation</p> <p>EXPLANATION:</p> <p>Budget Director</p> <p>Doc. No. 25-05/86/04/04</p>	<p><u>Budget Director, Approval</u></p> <p><u>Controller General, Approval</u></p> <p>PLACE JUSTIFICATION ON THE BACK OF THIS FORM OR AS AN ATTACHMENT</p>	<p>PREPARED BY: NAME _____ date _____</p> <p>APPROVED BY: NAME _____ date _____</p> <p>ENTERED BY: NAME _____ date _____</p>
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TOTAL \$



STATE OF DELAWARE - PURCHASE ORDER

						PO DATE	ACCT PR	ACT	TYP	COMMENTS	VENDOR/E/SSN NO.	IV	SELLER			PO TOTAL
BATCH #	TRANS CODE	PO	DEPT.		ORDER NO.				1				FUND	DEPT.	ORGN.	
					873413											
CONDITIONS AND INSTRUCTIONS TO VENDOR											AUTHORIZED AGENCY SIGNATURES					
1. All prices F.O.B. destination unless otherwise indicated. 2. This order and the performance thereof shall be construed and governed in accordance with the laws of the State of Delaware. 3. Separate invoices must be submitted for each order. Submit invoice in triplicate. 4. Any price changes must be agreed to by the Ordering Agency prior to submitting invoice. 5. Purchase order not valid unless signed by Secretary of Department of Finance or his designee or under \$1000.00 or marked emergency. 6. Department Federal Excise Tax No. A-287364											Signed _____ Date _____ Signed _____ Date _____ I, the above, certify that this purchase order is issued in conformity with all pertinent statutes, that the items described are requested for the efficient operation of this Department and are properly chargeable to the funds and appropriation indicated hereon					
APPROVED FOR AVAILABLE FUNDS Signed _____ Secretary of Department of Finance or Designee																
ORDERING AGENCY						VENDOR						SHIP TO				
<div></div>						<div></div>						<div></div>				
LINE NO.	FY	FUND	DEPT.	ORGN.	APPR.	OBJ.	SUB. OBJ.	PROG.	JOB PROJECT	REPT. CAT.	DESCRIPTION				AMOUNT	I/D
ITEM	DESCRIPTION										QUANTITY	UNIT PRICE	AMOUNT			
DATE OF BID			CONTRACT NO.			SHIP VIA			DELIVERY DATE			TERMS		TOTAL		



STATE OF DELAWARE

CASH ADJUSTMENT

STATE OF DELAWARE				BATCH #						DATE	ACCT. PR.	ACT	COMMENTS	DOC. TOTAL	
CASH ADJUSTMENT					TRANS CODE	CA	DEPT.		ADJ. NO.			E			
LINE	FY	FUND	DEPT	ORGN.	APPR.	PROG.	JOB PROJECT		REPT. CAT.	DESCRIPTION				AMOUNT	I/D



BATCH#					TRANS CODE	EA		DEPT.		ENC. ADJ. NO.	162454				1		
LINE NO.	REFERENCE PO				FY	FUND	DEPT.	ORGN.	APPR.	OBJ.	SUB. OBJ.	PROG.	JOB PROJECT	REPT CAT.	VENDOR NAME	AMOUNT	I/D
	CODE	DEPT.	NUMBER	LINE													
EXPLANATION																	

<p>INSTRUCTIONS</p> <p>1. This form may be used to increase or decrease line balances of existing purchase orders. 2. All applicable fields are to be filled in; however, the shaded fields do not require entry.</p> <p>APPROVED FOR AVAILABLE FUNDS Signed _____ Secretary of Department of Finance or Designee</p>	<p>AGENCY NAME _____</p> <p>AUTHORIZED AGENCY SIGNATURES</p> <p>SIGNED _____</p> <p>SIGNED _____</p> <p>I, the above, certify that this purchase order adjustment is issued in conformity with all pertinent statutes, that the amount requested is for the efficient operation of this Agency and is properly chargeable to the funds and appropriations indicated hereon.</p>
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STATE OF DELAWARE
Office Of The Budget

BUDGET AND ACCOUNTING POLICY
Appendix K

BATCH#

TRANS. CODE

PV

DEPT.

NO.

1257200

1

VENDOR/E.I./SSN NUMBER

AGENCY CERTIFICATION

FINANCE CERTIFICATION

V
E
N
D
O
R

Agency Name

Signed

Date

Signed

Date

I hereby certify that the commodities or services specified hereon have been received in proper condition in accordance with the requirements and purchase procedures and are properly chargeable to the fund and appropriation indicated hereon.

Secretary of Department of Finance

I hereby certify that I have examined this claim and find that it is not in excess of the unencumbered balance of the fund and appropriation against which it is chargeable, that it conforms with purchase procedures and that no violation of State law is involved.

LINE NO.	REFERENCE PO				FY	FUND	DEPT	ORGN.	APPR.	OBJ.	SUB. OBJ.	PROG.	JOB PROJECT	REPT. CAT.	BS. ACCT.	VENDOR INVOICE	DESCRIPTION	AMOUNT	I/D	P/F
	CODE	DEPT	NUMBER	LINE																
ITEM		DESCRIPTION															QUANTITY	UNIT PRICE	AMOUNT	
																		TOTAL		

STATE OF DELAWARE - PERSONAL EXPENSE REIMBURSEMENT

TRANS CODE	PV	DEPT	PAYMENT VOUCHER NO.	687101PE	PV DATE	ACCT PR	ACT	TYP	SCH. PAY DATE	OFF LIA B	FA IND	COMMENTS	VENDOR INVOICE NO.	PV TOTAL
								1						

STATE OF DELAWARE					TRANS. CODE		DEPT.		NUMBER						CODING CONTINUATION SHEET							
LINE NO.	REFERENCE PO				FY	FUND	DEPT	ORGN.	APPR.	OBJ.	SUB. OBJ.	PROG.	JOB PROJECT	REPT. CAT.	P. O. DESCRIPTION				AMOUNT	I/D	P/F	
	CODE	DEPT	NUMBER	LINE											BS. ACCT.	VENDOR INVOICE	PAYMENT DUE DATE	DESCRIPTION				
													PAGE		OF		TOTAL THIS PAGE					



STATE OF DELAWARE - JOURNAL VOUCHER

												TRANS CODE	JV	DEPT.		VOUCHER NO.		DATE	COMMENTS
AC TP	FY	FUND	DEPT	ORGN	APPR.	OBJ. REV.	SUB. OBJ. REV.	BS ACCT.	PROG.	REPT. CAT.	BANK CODE	NAME/DESCRIPTION	DEBIT AMOUNT	CREDIT AMOUNT					
ACCOUNT TYPE				EXPLANATION								TOTAL							
01 - Asset 22 - Expense/Exp 03 - Fund Balance 02 - Liability 31 - Collected Rev.												APPROVALS							
												PREPARED BY		DATE					
												APPROVED BY		DATE					
												APPROVED BY DIV. OF ACCOUNTING		DATE					



Dept. of Finance
F, ER-1

STATE OF DELAWARE
EQUIPMENT REIMBURSEMENT REPORT

DEPARTMENT _____

CONTACT PERSON _____

DIVISION/SECTION _____

CONTACT PHONE _____

DESCRIPTION OF EQUIPMENT SOLD

DESCRIPTION OF REPLACEMENT EQUIPMENT

EQUIPMENT NAME _____

EQUIPMENT NAME _____

YEAR/MAKE/MODEL _____

YEAR/MAKE/MODEL _____

LICENSE NUMBER * _____

LICENSE NUMBER * _____

SOURCE OF FUNDING _____
(GF/ASF/NSF)

SOURCE OF FUNDING _____
(GF/ASF/NSF)

PURCHASE AMOUNT _____

PURCHASE AMOUNT _____

PAYMENT VOUCHER # * _____

PAYMENT VOUCHER # * _____

CASH RECEIPT INFORMATION

<u>FY</u>	<u>FUND</u>	<u>DEPT</u>	<u>ORGN</u>	<u>REV</u>	<u>SUB REV</u>	<u>APPR</u>	<u>REPT CAT</u>	<u>BS ACCT</u>	<u>OBJ</u>	<u>SUB OBJ</u>	<u>VENDOR/PROVIDER **</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

In general, receipts from the sale of equipment that is being replaced by like equipment may be treated as a reimbursement. Specific determinations and procedures shall rest with the Department of Finance. This form must be filed with and approved by the Department of Finance on or before the date of the purchase or sale, whichever is the earlier. Refer to Section V of the State Accounting Manual for complete details on reimbursements.

I hereby certify that the sale and replacement of equipment held under control and jurisdiction of the agency as listed above is true and accurate as of the date.

(Signature of Department Head) (Date) Approved: Secretary, Department of Finance (Date)

* If applicable

** Required if reducing disbursements

White - Purchasing

Yellow - Accounting

Pink - Agency



DFMS

BATCH TICKET

Time Stamps

ACCOUNTING

- ☐ **PO** Purchase Order
- ☐ **PO** Purchase Order Modifications
- ☐ **EA** Encumbrance Adjustment
- ☐ **PV** Payment Voucher
- ☐ **MW** Manual Warrant
- ☐ **IV** Inter-Governmental Voucher
- ☐ **CR** Cash Receipt
- ☐ **JV** Journal Voucher
- ☐ **EX** Expenditure Correction
- ☐ **CX** Check Cancellation

BUDGET

- ☐ **AA** Appropriations
- ☐ **EB** Expense Budget
- ☐ **RB** Revenue Budget
- ☐ **TA** Transfer

GRANTS MANAGEMENT

- ☐ **FM** Federal Aid Master
- ☐ **FC** Federal Aid Charge

**TRANS
CODE**

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DEPT

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BATCH NUMBER

--	--	--	--	--	--

BATCH DATE

MM DD YY

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**NUMBER OF
DOCUMENTS**

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Prepared by: Name: _____ Date: _____

Entered by: Name: _____ Date: _____

NET AMOUNT

\$					
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STATE OF DELAWARE					BATCH #												CR DATE	ACCT. PR.	ACT	BANK CODE	CASH ACCT.	COMMENTS	CR TOTAL	
CASH RECEIPTS							TRANS. CODE	CR	DEPT.		CASH RECEIPT NO.	193001					E							
DEPT.	NUMBER	LINE	FY	FUND	DEPT.	ORGN.	REV.	SUB. REV.	APPR.	PROG.	JOB PROJECT	REPT. CAT.	BS. ACCT.	OBJ.	SUB. OBJ.	VENDOR/PROVIDER	DESCRIPTION	AMOUNT	ID	P/F				
DEPOSIT DATE		DEPOSIT AMT.		DEPOSIT DATE		DEPOSIT AMT.		DESCRIPTION:																
Doc. No. 25/05/87/02/02				I hereby certify that the cash collections made by me or under my jurisdiction, during the period thru _____ amount to \$ _____ which was deposited (with) (to the credit of) the State Treasurer.																				
				Agency _____ Tel. # _____																				
				Authorized Signature _____ Title _____																				
				RECEIPT OF STATE TREASURER																				
				BY: _____ Date _____																				
				REPORT NO. _____ Report Date _____																				



STATE OF DELAWARE DFMS FED. AID MANAGEMENT SUBSYSTEM Office of the Budget/Single Point of Contact (SPOC) Thomas Collins Building, Dover, Delaware 19903 302-739-3327 or 3326				FEDERAL AID MASTER				REMARKS AND/OR NOTES:				
DO NOT BATCH THIS DOCUMENT												
Trans Code	FM	Dept.			FM No.							
1. ACTION:		2. FM DATE: ____/____/____		3. DEPT: ____		4. ORG. (APU, IPU): _____		5. FISCAL YEAR: ____		6. SPOC USE ONLY:		
7. STATE APPLICATION IDENTIFIER (SAI):				8. PROJECT TITLE:						9. FEDERAL CATALOG NO (CFDA): ____-____-____		
10. FEDERAL BUDGET PERIOD: START DATE: ____/____/____			END DATE: ____/____/____			14. SOURCE OF FUNDING:			AMOUNT (\$'S AND c'S)		I/D	
11. DFMS PERIOD: START DATE: ____/____/____			END DATE: ____/____/____			FEDERAL FUNDS						
						CARRY OVER						
						PROJECT INCOME						
12. DATE OF FEDERAL AUTHORIZATION TO DRAW DOWN FUNDS: ____/____/____			13. GRANT ID. NO:			STATE FUNDS						
						OTHER FUNDS						
						TOTAL						
15. APPROPRIATION (AA) INFORMATION:												
AA I.D. NO. (SPOC USE ONLY)	FISCAL YEAR	ORGANIZATION (APU, IPU)	APPROPRIATION NUMBER	APPROPRIATION NAME (30 Characters)				SHORT NAME (12 Characters)		AMOUNT (\$'S AND c'S)		I/D
16. SIGNATURE OF AUTHORIZING OFFICIAL:						TELEPHONE NO:			17. FOR SPOC USE ONLY:			
									FM - AA APPROVED & PROCESSED			
									DATE: INITIALS:			



18. BUDGET: REPORTING CATEGORY	STATUS	AVAIL FUNDS	DESCRIPTION	AMOUNT (\$'s AND c's)	I/D
IMPORTANT NOTE: YOU MUST USE SEPARATE REPORTING CATEGORIES FOR AUDIT FEES FOR STATEWIDE INDIRECT COSTS -- AS ALLOWABLE AND APPLICABLE.					

**SELL
DEPT**

IV DATE

ACCT PR

ACT

TYPE

SELL FUND

SELL DEPT	
-----------	--

IV TOTAL

BATCH #

TRANS.
CODE

IV

**BUY
DEPT.**

INT. GOVT.
VOUCHER
NO.

1006173

[illegible]**TOTAL**[illegible]**TOTAL**

Date _____

Signed _____

Title _____

Signed _____

Signed _____

Date _____

Date _____

Approved _____

Secretary of Department of Finance

DEPARTMENT OF FINANCE

BUDGET AND ACCOUNTING POLICY
Appendix K

[illegible]

EXPLANATION:

Prepared by
Date

Approved by
Date

Trans. Code	CX	DEPT		CHECK CANCEL NUMBER	
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CANCEL DATE	COMMENTS	DOCUMENT TOTAL
		\$

[illegible]

Prepared by: _____ DATE _____

Approved by: _____ DATE _____

Federal Aid Charge

Trans.C
ode

FC

DEPT

FED AID
NUMBER[illegible]

EXPLANATION:

Prepared by:	title	date
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Approved by: _____ title _____ date _____

Approved by: _____ title _____ date _____



STATE OF DELAWARE OFFICE OF STATE TREASURER

REQUEST TO OPEN BANK ACCOUNT

Department: _____ D/D/S: _____

Agency: _____

Address: _____

Agency contact: _____ Telephone: _____

Type of bank account: ☐ checking ☐ savings ☐ other (_____)

Specify authority for opening account (Delaware Code, Accounting Manual, etc.) _____

Purpose of account: _____

Source of funds: _____ Expected average monthly balance: \$ _____

Bank name and location: _____

If other than PNC Bank, Delaware, please state reason: _____

Account name: _____

Agency Authorization:

Agency Authorizing signature _____ Date _____

TO BE COMPLETED BY OFFICE OF STATE TREASURER

Request to open bank account is hereby: APPROVED ☐ DENIED ☐

Account number: _____ Comments: _____

Janet C. Rzewnicki, State Treasurer

Date



Procedure for opening a bank account

Requests for PNC Bank, Delaware:

1. Submit a complete Form TR-1 a (Request to Open Bank Account), an Authorization to Establish/Change a Checking Account form, and account signature card to the Office of State Treasurer. **Please remember to include the State Treasurer as a signer on all account forms.**
2. Following approval by the State Treasurer, the forms will be forwarded to PNCBank, Delaware for processing. Copies of these forms will be returned to the account contact person indicated on the Form TR-1a.
3. PNC Bank, Delaware will communicate with the account contact person regarding check and deposit ticket orders and will provide official notification when the account is active.

Requests for other financial institutions:

1. Submit a completed Form TR-1 a (Request to Open Bank Account), along with any forms required by the particular financial institution. **Please remember to include the State Treasurer as a signer on all account forms.**
2. It is very important that you provide a complete examination for requesting a financial institution other than PNC Bank, Delaware. You may include this explanation on a separate sheet of paper if the space provided on the Form TR-1a is not adequate.
3. Once approved by the State Treasurer, the original forms will be returned to the account contact person indicated on the Form TR-1a. The agency is responsible for filing these forms with the financial institution.

Office of State Treasurer
540 South DuPont Highway
Thomas Collins Building
Dover, Delaware



STATE OF DELAWARE
OFFICE OF STATE TREASURER

REQUEST TO CLOSE BANK ACCOUNT

Department: _____ Account #: _____

Agency: _____ D/D/S: _____

Address: _____

Agency contact: _____ Telephone: _____

Type of bank account: ☐ checking ☐ savings ☐ other (_____)

Account name: _____ Account balance: \$ _____

Anticipated use of balance: _____

If balance is to be transferred to another bank, please provide bank name, address: _____

Reason for closing account: _____

Agency Authorization:

Agency authorizing signature _____ Date _____

TO BE COMPLETED BY OFFICE OF STATE TREASURER

Request to close bank account # _____ is hereby: APPROVED ☐ DENIED ☐

Comments: _____

Janet C. Rzewnicki, State Treasurer _____ Date _____



Procedure for closing a bank account

Requests for PNC Bank, Delaware:

1. Submit a completed Form TR-1b (Request to Close Bank Account) to the Office of State Treasurer. **Please be certain that all transactions have cleared the account before initiating its closing.**
2. Following approval by the State Treasurer, the original form will be forwarded to PNC Bank, Delaware. A copy will be sent to the agency contact person.

Requests for other financial institutions:

1. Submit a completed Form TR-1b (Request to Close Bank Account), along with any forms required by the particular financial institution, to the Office of State Treasurer. **Please be certain that all transactions have cleared the account before initiating its closing.**
2. Following approval by the State Treasurer, the original form will be forwarded to the agency contact person. It is the responsibility of the originating agency to file the form(s) with the financial institution.

Office of State Treasurer
540 South DuPont Highway
Thomas Collins Building
Dover, Delaware



STATE OF DELAWARE OFFICE OF STATE TREASURER

REQUEST TO MAKE CHANGES TO BANK ACCOUNT

Department: _____ Account#: _____

Agency: _____ D/D/S: _____

Address: _____

Agency contact: _____ Telephone: _____

Type of bank account: ☐ checking ☐ savings ☐ other (_____)

Account name: _____

Bank name and location: _____

Requested change(s): ☐ Signers to be deleted: _____

☐ Signers to be added: _____

Agency authorization:

Agency authorizing signature

Date

TO BE COMPLETED BY OFFICE OF STATE TREASURER

Request to change bank account is hereby: APPROVED ☐ DENIED ☐

Comments: _____

Janet C. Rzewnicki, State Treasurer

Date



Procedure for making changes to a bank account

Requests for PNC Bank, Delaware:

1. Submit a completed Form TR-1c (Request to Make Changes to Bank Account), bank signature card and an Authorization to Establish/Change a Checking Account form to the Office of State Treasurer. The bank forms initiating changes to an account require signature of **every** person authorized to sign checks. **Please remember to include the State Treasurer as a signer on all account forms.**
2. Following approval by the State Treasurer, the forms will be forwarded to PNC Bank, Delaware for processing. Copies of these forms will be returned to the account contact person indicated on the Form TR-1c.
3. PNC Bank, Delaware will consider the date of the State Treasurer's approval to be the effective date of the change(s).

Requests for other financial institutions:

1. Submit a completed Form TR-1c (Request to Make Changes to Bank Account), along with any forms required by the particular financial institution. **Please remember to include the State Treasurer as a signer on all account forms.**
2. Once approved by the State Treasurer, the original forms will be returned to the account contact person indicated on the Form TR-1c. The agency is responsible for filing these forms with the financial institution.

Office of State Treasurer
540 South DuPont Highway
Thomas Collins Building
Dover, Delaware



PNC BANK, DELAWARE

AUTHORIZATION TO ESTABLISH A CHECKING ACCOUNT
AUTHORIZATION TO CHANGE SIGNATURES ON A CHECKING ACCOUNT

I, Janet C. Rzewnicki, Treasurer of the State of Delaware, do hereby certify that in accordance with the duties and powers of the Office of State Treasurer as set forth in Chapter 27 of Title 29, Delaware Code the Treasurer is authorized to establish a checking account with **PNC Bank, Delaware** of Wilmington, Delaware. This contract has been approved by the Cash Management Policy Board as required by Chapter 27.

An account in the name of _____ # _____ shall be opened now and from time to time of any and all moneys, checks, drafts, notes, acceptances, or other evidences of indebtedness, whether belonging to this State or otherwise, which may be or hereafter come into its possession and that the said Bank be and is hereby authorized to make payment from the funds on deposit with it upon and according to the withdrawals, transfers, checks, drafts, notes or acceptances of this State signed by:

TYPED OR PRINTED NAME

SIGNATURE

TYPED OR PRINTED NAME

SIGNATURE

TYPED OR PRINTED NAME

SIGNATURE

TYPED OR PRINTED NAME

SIGNATURE

TYPED OR PRINTED NAME

SIGNATURE

TYPED OR PRINTED NAME

SIGNATURE

(Specify if a combination is required or if facsimile signatures are authorized)

If a facsimile signature(s) is authorized above, it is further resolved that PNC Bank, Delaware shall not be liable if an item bearing an unauthorized facsimiled signature is paid by PNC Bank, Delaware as long as PNC Bank, Delaware shall have in good faith exercised ordinary care and reasonable commercial standards in determining the authenticity of facsimile on items presented to it for payment. In addition, PNC Bank, Delaware shall not be liable if the State has not exercised due diligence or if the forgery was due to the gross negligence of the State of Delaware.

The authority described by this document shall continue until revoked by the General Assembly of the State of Delaware, but said PNC Bank, Delaware shall be fully protected in acting on such authority and in recognizing as the officer of this State the person from time to time so certified to it under the seal of this State, and shall not be charged with notice of the revocation of such authority unless and until it shall have actually received a certificate under the seal of this State setting forth such revocation. I further certify that the following is the genuine signature of the person holding the Office of State Treasurer.

WITNESS

JANET C. RZEWNICKI, STATE TREASURER

DATE

DOCUMENT #12-05-01/90-02-02(REV 5/94)